

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

NAME: NEW HAVEN EAST SHORE WPCF
ADDRESS: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
FACILITY: NEW HAVEN EAST SHORE STP
LOCATION: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
ATTN: JOHN TORRE

CT0100366	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 06512
MAJOR
(SUBR SI)
SANITARY SEWAGE
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
12	10	01		12	10	31	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 day, 20 deg. C	SAMPLE MEASUREMENT					6.5	38.0	mg/L	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
BOD, 5 day, 20 deg. C	SAMPLE MEASUREMENT					377		mg/L	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
pH	SAMPLE MEASUREMENT				6.6		6.9	SU	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 INST MIN		9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					6.5	45.8	mg/L	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT					493		mg/L	0		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
Nitrogen, Total (as N)	SAMPLE MEASUREMENT	1432		lb/d					0		
00600 C 0 Nitrogen, Removal Complete	PERMIT REQUIREMENT	Req. Mon. MO AVG		lb/d						Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.5	43.2	Mgal/d					0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
JOHN TORRE Project Manager		203	466-5277	12	11	09
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT				0.4		1.3	mg/L	0		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				.2 INST MIN		1.5 INST MAX	mg/L		Four per Day	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT					0	10	#/100mL	0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. 30DA GEO	400 7 DA GEO	#/100mL		Three Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT				98			%	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT				85 MN % RMV			%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT				98			%	0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT				85 MN % RMV			%		Monthly	CALCTD
Noael Static 48HR Acute D. Pulex	SAMPLE MEASUREMENT							%	0		
TDA3D T 1 See Comments	PERMIT REQUIREMENT				90 MINIMUM			%		Quarterly	COMPOS
Noael Static 48HR Acute Pimephales	SAMPLE MEASUREMENT							%	0		
TDA6C T 0 See Comments	PERMIT REQUIREMENT				90 MINIMUM			%		Quarterly	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN TORRE Project Manager TYPED OR PRINTED	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	TELEPHONE 203 466-5277		DATE 12 11 09		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR

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